SUPERVISED VISITATION CHECKLIST FORM INSTRUCTIONS FOR COMPLETION

Purpose: The Supervised Visitation Checklist (CD-86) was developed to document the interaction between a child and his/her parents, siblings, and other significant relationships during a visit. The entire form is to be completed, signed and dated by the individual supervising the visit. This form is to be placed in the case record as a part of the official case file. When more than one child is present at the visit, only one completed CD-86 is needed for the entire family.

Completion

Section A:

Case Name: Provide the case name.

Date: Provide the date of the visit.

Begin Time: Provide the time that the visit started.

End Time: Provide the time that the visit ended.

Child(ren)'s Name: Provide the name of the child(ren) that participated in the visit.

Location: Print the location/address of the visit.

Visit Supervisor: Provide the name of the person supervising the visit.

Case Manager: Provide the name of the assigned case manager.

Name of Person(s) visiting and relationship to child: Provide the names of person(s) visiting the child and their relationship to the child.

Section B: Check If Applicable

Place a check in the checkbox for the listed categories observed, demonstrated and communicated during the visit.

Section C: Comments

Please provide and/or note any observations of and/or communications with persons participating in the visit that may be essential to the safety, well-being and permanency of the child(ren). Overall, thoughts on the visits should be provided in the comment box, as well.

Visit Supervisor's Signature: The individual supervising the visit should sign and date.

Memoranda History: CD06-50